



Case Study



Vidyo helps support and empower physicians and educators to rebuild Haiti's medical education system

Challenge

Immediate need for "distance learning" via videoconference after devastation at Haiti's 4 medical schools after the 2010 earthquake. Donated equipment would not work under sub-optimal conditions: extremely limited network bandwidth; unstable Internet connections.

Solution

VidyoDesktop™
VidyoRoom™ HD-100
VidyoReplay™



Overcoming major bandwidth limitations, Vidyo Conferencing enables video communication and collaboration for an earthquake devastated country

The Haiti Medical Education (HME) Project was founded in 2010, following the devastating earthquake that brought worldwide attention to Haiti and its people. Beyond a short-term initial need for international healthcare volunteers to minister to the injured and sick, an equal if not greater demand was for well-trained, highly-skilled Haitian physicians, who are more culturally equipped to give sustained care to the Haitian people. However, Haiti's four medical schools were destroyed and key faculty and practicing physicians were lost in the earthquake. Regular academic work came to a halt and Haitian medical students were left without their academic institutions, resulting in a critical need to rebuild the medical education system in Haiti in its entirety, literally from the ground up.

Key Results

Interactive classes and lectures for 40-50 Haitian medical students

Vidyo meetings to develop medical curricula and policy planning

The rebirth of Haiti's medical institutions

The HME Project, a non-profit (501c3) organization, was established by international healthcare providers, academics, and social activists to work in alliance with Haitian medical leadership, faculty, and students to preserve and further the education of the many displaced Haitian medical students affected by the earthquake disaster. Its mission is to restore and build upon both the physical and curricular infrastructure of existing Haitian medical schools and teaching hospitals, to ensure that the next generation of Haitian doctors and medical leaders are ready to care for Haiti.

The HME Project was born as a result of the earthquake, but the organization seeks to address many longstanding problems in the country. One of its first goals was to create personal relationships with its Haitian colleagues, and to "show by doing" that they

were serious about providing real assistance, building trust and nurturing good working relationships. One of the first essential needs that the staff at the State University of Haiti Medical School identified was a working computer lab and a stable Internet connection. Once that was accomplished, it was determined that videoconferencing was a viable way to address the immediate need for faculty and classes. Rather than incur the expenses of flying professors into Haiti for a few days - where they would teach briefly and then go back home - videoconferencing would enable educators to communicate and collaborate directly with students in Haiti, at their individual convenience. Using videoconferencing for distance learning, faculty could easily "return" for follow-up visits, solving a continuity problem usually suffered with visiting professors.

The Problem with the Internet

Although advanced online communications has facilitated the use of global distance learning in recent years, the Internet is not a predictable, stable network; limited bandwidth and unreliable connections typically wreak havoc with remote video communications. To say that Haiti's network infrastructure presents major challenges is an understatement. Bandwidth is low and capacity is ever-changing, sometimes from minute to minute. It was imperative that HME identify a video communications solution that was impervious to these extremely poor network conditions. After attempts at using a variety of well-known, legacy videoconferencing systems, HME discovered that only one platform would deliver the level of quality needed for its educational and communications purposes under suboptimal conditions. That was Vidyo.

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What we can do with Vidyo is revolutionary."*

Dr. Galit M. Sacajiu, President & Medical Education Director

According to Dr. Galit M. Sacajiu, President and Medical Education Director of HME, "We would not be able to accomplish what we're doing without Vidyo. VidyoConferencing allows high-quality transmission, even with meager Internet connectivity; numerous participants at various sites at one time; sharing of lecture slides or other materials; and recording of lectures for later viewing."

Sacajiu indicates that, typically, when schools need to import teachers from abroad to address gaps in locally available medical lecturers, it's done via short visits that offer little in the way of follow-up. "Since not many busy medical educators are available to spend a week or two in Haiti, Vidyo is a key distance learning tool that provides medical professionals with a unique volunteer opportunity when they are unable to travel to Haiti: they can now share their knowledge and experience without leaving their home country. This solution also enables medical professionals who have visited Haiti in the past to continue their relationship with the people here, providing valuable opportunities for follow-up with students."



"The task of physically rebuilding the entire hospital and medical school infrastructure is incredibly complex; if we had to wait for the actual facilities to be constructed, we would lose a whole generation of physicians in Haiti," said Dr. Brain Remillard, Associate Professor of Medicine, Dartmouth Medical School. "Vidyo has helped us offer 'knowledge without borders.' What we can do with Vidyo is revolutionary; using technology to open up the world and the free flow of knowledge to make sure the best and the brightest young physicians in Haiti STAY in Haiti where they are desperately needed."

HME has been using Vidyo for over a year and its value has been demonstrated in a variety of ways. "Vidyo's capacity to support videoconferencing under less-than-optimal conditions was key to getting us up and running," said Sacajiu. "We are currently working with more than ten clinical sites in Haiti. Our most prominent Vidyo-supported program is a weekly series on Wednesday mornings. When we have about 20-30 Haitian physicians who sign in to weekly lectures given by prominent medical educators from Canada, the United States or France, at the end of which there is an interactive Q/A session."

Although problematic Internet connections and the Haitian's typically antiquated computer hardware still present challenges, Vidyo is the only solution that can make these critical video communications at all possible. As Sacajiu enthusiastically proclaims, "If it can work on our Internet, it can work anywhere! Plus, we love Vidyo's easy and fast download, ability to share documents on the lecture participants' desktops, and, of course, Vidyo's dedicated staff who provide ongoing support."

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